



www.newtown-ct.gov/health-district

**NEWTOWN DISTRICT DEPARTMENT OF HEALTH  
REQUEST FOR SOIL TEST**

Application Date: \_\_\_\_\_ Number lots to be tested: \_\_\_\_\_

Number of holes: **New Lot(s)**.....3 Deep Holes, 2 Perc minimum  
**Repair** .....2 Deep Holes, 1 Perc minimum  
**Code Complying Area**.....1 Deep Hole, 1 Perc minimum  
**Water Treatment Wastewater**....1 Deep Hole minimum

New (\$100)                      Repair (\$50)                      Code Complying Area (\$50)  
Subdivision (\$200 per lot)                      Water Treatment Wastewater Disposal (-)  
*Checks payable to **Newtown Health District**.*

A plot plan indicating all lot boundaries shall be submitted with this application.

Address/Street Location of Lot(s) to be tested \_\_\_\_\_

Assessor Map Block Lot (MBL) \_\_\_\_\_ LOT SIZE (acreage) \_\_\_\_\_

Property OWNER NAME \_\_\_\_\_

Property OWNER ADDRESS \_\_\_\_\_

Applicant (Person/Company making request) Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

Applicant Phone \_\_\_\_\_ Applicant Email \_\_\_\_\_

Engineer Name & Phone \_\_\_\_\_

Directions (Please include house color, landmarks & specific directions):

\_\_\_\_\_  
\_\_\_\_\_

Depending upon the purpose of the soil testing, we recommend that you have a licensed septic installer and/or an engineer present during the soil testing. If you choose not to and site limitations indicate an engineer is needed, the testing may need to be repeated at your own expense. Deep holes are to be 2-1/2 to 3 feet wide, 7 feet deep and ramped for easy access.

The percolation holes should be 24-36" (inches) deep, dug and presoaked 2 hours before the scheduled test time. It is the responsibility of the owner/engineer to be sure an adequate number of test holes are dug in the proposed septic area for Health Department review. Depending on the final submitted septic design, more test holes may be requested. The more test hole information available, the better the site evaluation will be.

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**HEALTH DISTRICT USE ONLY:**    Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Sanitarian: \_\_\_\_\_ Date Scheduled: \_\_\_\_\_